

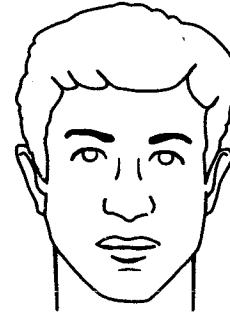
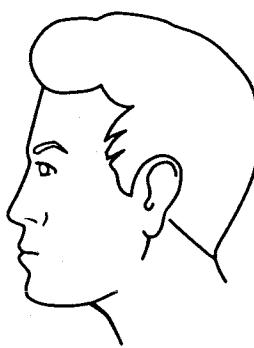
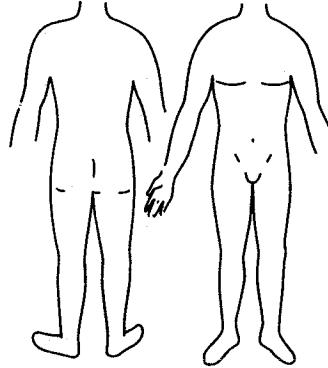
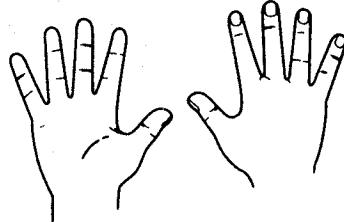


EMERGENCY

ADMISSION DATE 03/31/05	TIME 11:25 AM	ORIGINATING FACILITY □ SIR □ PDL □ ESCAPEE □	□ SICK CALL <input checked="" type="checkbox"/> EMERGENCY □ OUTPATIENT			
ALLERGIES Haddol	CONDITION ON ADMISSION X GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA					
VITAL SIGNS: TEMP 98.6	ORAL RECTAL	RESP. 16	PULSE 72 B/P 120/70			
NATURE OF INJURY OR ILLNESS		RECHECK IF SYSTOLIC <100> 50				
<p>S - "I've been dizzy and throwing up for about 45 minutes." "Back of Head hurts." "Threw up 3x"</p> <p>O - WDW B/m in NAD. USS. Resp ease. Skin w/o. Lungs CTA bilaterally. Pt appears in NAD. No S/s of dehydration noted. PERL.</p>		ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
<p>A. Alteration in comfort R/T dizzy & n/v.</p>		<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>				
PHYSICAL EXAMINATION		<p>P. Notify MD. Dr. Siddiq called @ 11:40 AM. RN instructed to keep pt in ER and be womed come by to see him.</p> <p>E. Explained to pt about ↓ fat intake and staying on liquids for 12-24 hours.</p>				
DIAGNOSIS		<p>ORDERS / MEDICATIONS / IV FLUIDS</p> <p>Keep pt in ER + MD will see 11:40 <i>DRRW</i> T.O. Dr. Siddiq / <i>DRPHENSON RN</i></p>				
INSTRUCTIONS TO PATIENT <i>Wait to see Dr. Siddiq</i>						
DISCHARGE DATE 03/30/05	TIME 12:00 AM	RELEASE / TRANSFERRED TO □ DOC □ AMBULANCE □	CONDITION ON DISCHARGE □ SATISFACTORY □ POOR □ FAIR □ CRITICAL			
NURSE'S SIGNATURE <i>DR. PHENSON, RN</i>		DATE 03/31/05	PHYSICIAN'S SIGNATURE <i>DR. PHENSON</i>	DATE 03/31/05	CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall		DOC#	DOB	R/S	FAC	
		226420	15 Oct 83	B/m	Bul-832	

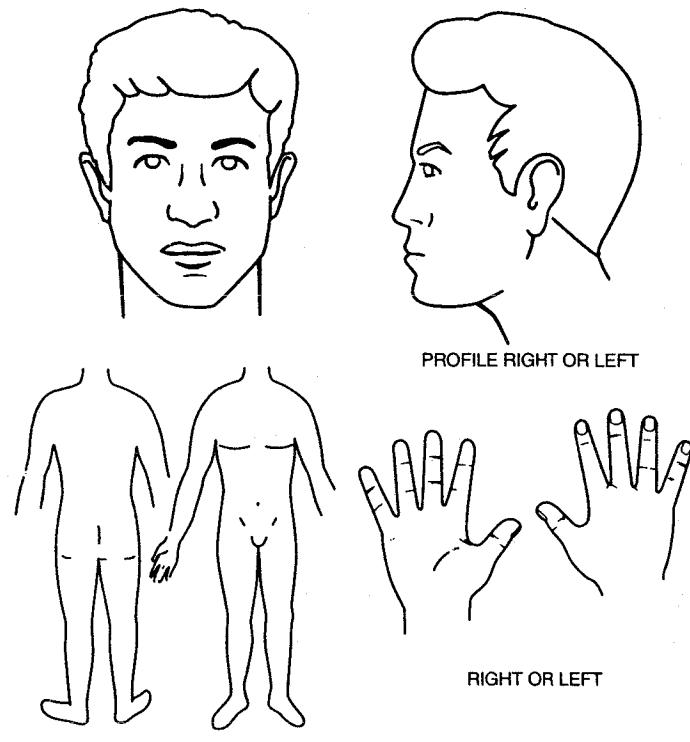


EMERGENCY

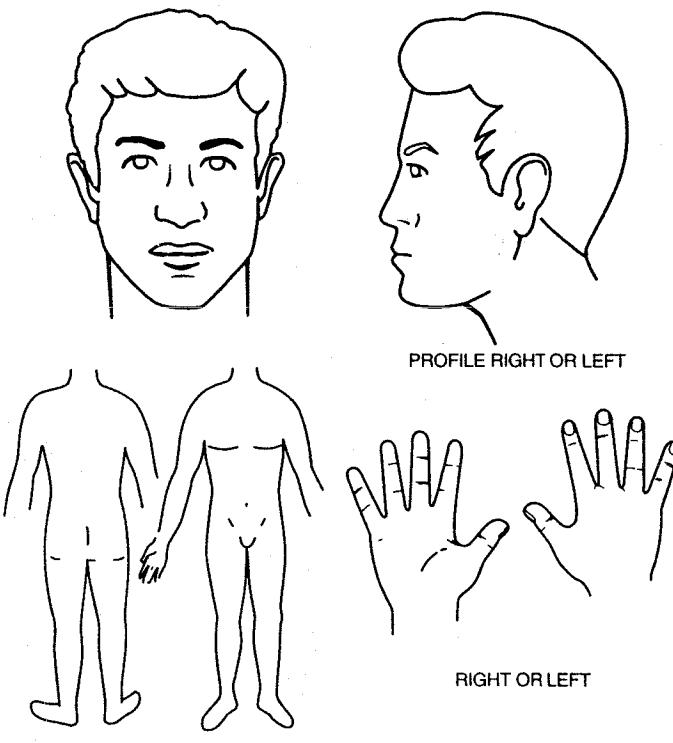
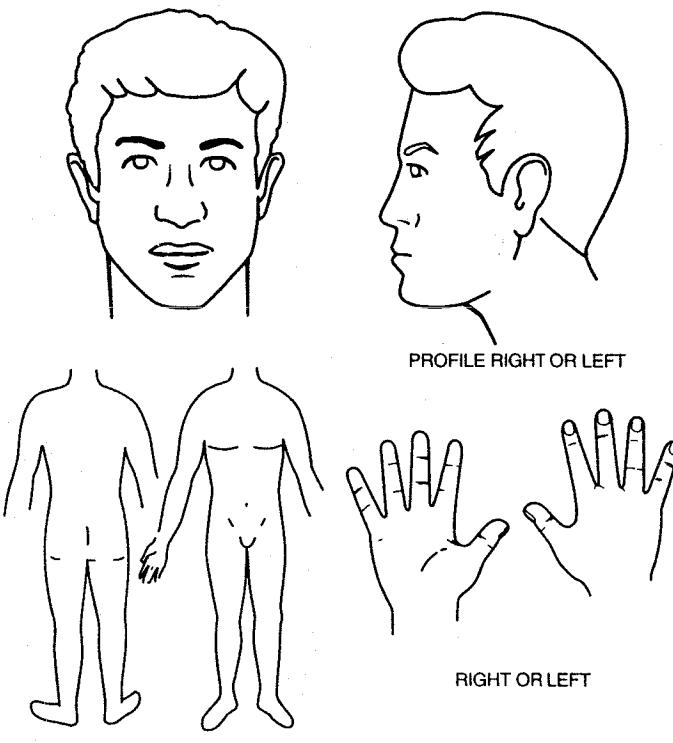
ADMISSION DATE 7/15/05		TIME 7:15 AM PM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/> _____	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																								
ALLERGIES H1N1		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																										
VITAL SIGNS: TEMP 98.6		ORAL RECTAL	RESP. 20	PULSE 76 B/P 120/78 RECHECK IF SYSTOLIC <100> 50																								
NATURE OF INJURY OR ILLNESS I was shaking when I sitting down.		ABRASION // CONTUSION # BURN XX FRACTURE Z Z LACERATION / SUTURES																										
181 X3, verbally responsive with a confused speech is clear & is awake & distressed. Pupils are fund, irregular reactive. Venous time at 122, pulse 55.		  PROFILE RIGHT OR LEFT																										
- Alteration in comfort level.		  RIGHT OR LEFT																										
admit in back for observation, until 10am W.O. comes in.		<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																					
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																										
DISCHARGE		<table border="1"> <tr> <td>TIME 9:20 AM</td> <td>BY</td> </tr> <tr><td> </td><td> </td></tr> </table>			TIME 9:20 AM	BY																						
TIME 9:20 AM	BY																											
INSTRUCTIONS TO PATIENT																												
RELEASE DATE 7/15/05		TIME AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> _____	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																								
SIGNATURE 	DATE 7/15/05	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION																								
NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	R/S																								
~ Randall		726421	11-15-00	R/S																								
				A.K.																								



EMERGENCY

ADMISSION DATE 6 Jun 05		TIME 0420 AM	ORIGINATING FACILITY □ SIR □ PDL □ ESCAPEE □	□ SICK CALL □ EMERGENCY □ OUTPATIENT					
ALLERGIES HALAL		CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA							
VITAL SIGNS: TEMP 98.6		ORAL RECTAL	RESP. 18	PULSE 84 B/P 118/80					
NATURE OF INJURY OR ILLNESS 80-298%		RECHECK IF SYSTOLIC <100>50							
<p>S. I feel hot</p> <p>O. VS hot - Heart 5's</p> <p>lungs clear - resp even</p> <p>unlabored. PERRLA, Neuro. VNL</p> <p>pt skin - warm & Diaphoretic</p> <p>STATES sleeping Apill coll.</p> <p>A. VNL</p> <p>P. PNL.</p>		<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table>  <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES					
PHYSICAL EXAMINATION		ORDERS / MEDICATIONS / IV FLUIDS							
DIAGNOSIS WNL		TIME BY							
INSTRUCTIONS TO PATIENT									
DISCHARGE DATE 6 Jun 05		TIME 0425 AM PM	RELEASE / TRANSFERRED TO □ DOC □ AMBULANCE □	CONDITION ON DISCHARGE □ SATISFACTORY □ POOR □ FAIR □ CRITICAL					
NURSE'S SIGNATURE William Stanley		DATE	PHYSICIAN'S SIGNATURE Oly B/1	DATE					
INMATE NAME (LAST, FIRST, MIDDLE) HAMPTON, RANDELL		DOC#	DOB 3/15/84	R/S					
		226420		FAC.					

EMERGENCY

ADMISSION DATE 05/18/05	TIME 1045 AM	ORIGINATING FACILITY Bullock	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																					
ALLERGIES NKA	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																							
VITAL SIGNS: TEMP 98.6	ORAL RECTAL	RESP 18	PULSE 72																					
B/P 132/80			RECHECK IF SYSTOLIC <100> 50																					
NATURE OF INJURY OR ILLNESS "I fell on the floor!"																								
<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX</td> <td>FRACTURE Z</td> <td>LACERATION / SUTURES</td> </tr> </table>				ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES																
ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES																				
																								
PROFILE RIGHT OR LEFT																								
																								
RIGHT OR LEFT																								
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ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																						
DIAGNOSIS																								
INSTRUCTIONS TO PATIENT Return to ICU																								
DISCHARGE DATE 05/18/05	TIME 1100 AM	RELEASE / TRANSFERRED TO DOC	CONDITION ON DISCHARGE SATISFACTORY																					
NURSE'S SIGNATURE USmith		DATE May 18, 2005	DATE May 18, 2005																					
PHYSICIAN'S SIGNATURE Yayoi M. O.		DATE May 18, 2005	CONSULTATION																					
INMATE NAME (LAST, FIRST, MIDDLE) Thompson, Rhonda																								
DOC#	DOB	R/S	FAC																					
22103101583	Bm	BCCI																						



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Ronald J. Hampton 226420
 (Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- Splint
- Eyeglasses
- Dentures
- Prothesis describe _____
- Wheelchair
- Cane
- Crutches
- Other describe _____

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

X Ronald J. Hampton 22-6420 5/20/05
 (Inmate) (Date)

 (Witness)

 (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
<u>Ronald J. Hampton</u>	<u>226420</u>	<u>10/15/83</u>	<u>Bm</u>	<u>BCP</u>

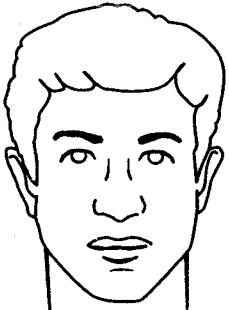
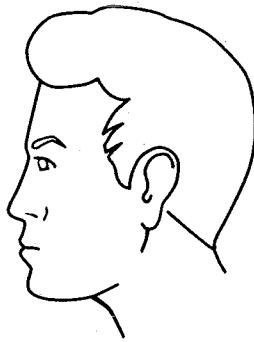
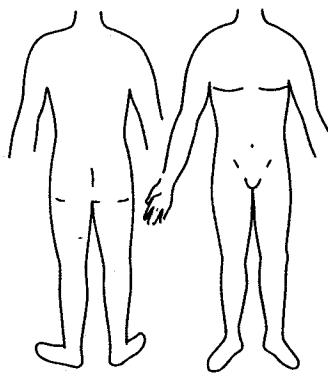
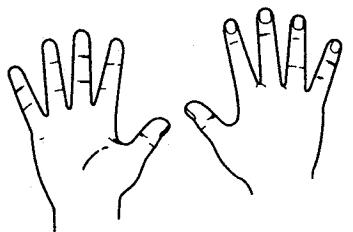


EMERGENCY

ADMISSION DATE <i>5/20/05</i>	TIME <i>1015</i>	TIME AM PM	ORIGINATING FACILITY <i>Bell Tower</i>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT					
ALLERGIES <i>Aspirin</i>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA								
VITAL SIGNS: TEMP <i>98</i>	ORAL RECTAL <i>62 SAT 98.7</i>	RESP. <i>17</i>	PULSE <i>60</i>	B/P <i>108/72</i>					
RECHECK IF SYSTOLIC <100> 50									
NATURE OF INJURY OR ILLNESS <i>S. I was sitting & my body locked up on me.</i>									
<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN <i>xx</i></td> <td>FRACTURE <i>z</i></td> <td>LACERATION / SUTURES</td> </tr> </table>					ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / SUTURES					
 PROFILE RIGHT OR LEFT									
 RIGHT OR LEFT									
PHYSICAL EXAMINATION									
<i>O. Brought to floor on stretcher Ato x3 - Initiative - moving all extremities & difficulty - stop and No cuts or bruises noted to Head or other part of Body.</i>									
<i>A. Alt. in control P Release to POC; come giv As or drk.</i>									
ORDERS / MEDICATIONS / IV FLUIDS									
TIME									
BY									
DIAGNOSIS									
INSTRUCTIONS TO PATIENT <i>Rehydrate as needed</i>									
DISCHARGE DATE <i>5/20/05</i>	TIME AM PM	RELEASE / TRANSFERRED TO <i>DOC</i>	<input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL					
NURSE'S SIGNATURE <i>V. Shale CR</i>	DATE <i>5/20/05</i>	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION					
INMATE NAME (LAST, FIRST, MIDDLE) <i>Blanchard, Franklin</i>			DOC# <i>226420</i>	DOB <i>10/15/63</i>	R/S <i>Bm</i>	FAC. <i>BCCF</i>			



EMERGENCY

ADMISSION DATE <i>4/28/05</i>	TIME <i>1050 AM</i>	ORIGINATING FACILITY <i>BCCF</i>	<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES <i>NKDA</i>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP <i>98.8</i>	ORAL RECTAL	RESP <i>16</i>	PULSE <i>98</i>		
NATURE OF INJURY OR ILLNESS <i>S - I fell out in the kitchen & hit my head on the table. O - No edema or break in skin noted on (R) side of head, where pt. indicated he hit the table. Pupils equal & reactive. Pt. states he missed his 4PM meds last night, but was given them this AM when he saw MD for same complaint. A - None Alt. in comfort R/T HA</i>			P/B/P <i>140/88</i> <i>O2 Sat 97%</i>		
			RECHECK IF SYSTOLIC <100> 50		
ABRASION // CONTUSION # BURN xx FRACTURE Z LACERATION / Z SUTURES					
  <p>PROFILE RIGHT OR LEFT</p>   <p>RIGHT OR LEFT</p>					
<p>PHYSICAL EXAMINATION</p> <p>P - Admit & place in HCU for observation until seen by M.D.</p>					
<p>ORDERS / MEDICATIONS / IV FLUIDS</p> <p><i>Advil 800mg po</i></p>					
<p>TIME BY</p> <p><i>1100 AM</i></p>					
<p>DIAGNOSIS</p> <p><i>-</i></p>					
<p>INSTRUCTIONS TO PATIENT</p> <p><i>Rest on mattress on floor - will be seen by MD later.</i></p>					
DISCHARGE DATE <i>4/28/05</i>	TIME <i>1050 AM</i>	RELEASE / TRANSFERRED TO <i>HCU</i>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE <i>A. Gleason RN</i>	DATE <i>4/28/05</i>	PHYSICIAN'S SIGNATURE <i>Dr. J. J. J. 3/9/05</i>	DATE	CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) <i>Hampton, Randall</i>		DOC# <i>226420</i>	DOB <i>10-15-83</i>	R/S <i>B/m</i>	FAC <i>BCCF</i>



SPECIAL NEEDS COMMUNICATION FORM

Date: 4/28/05

To: DOC

From: Medical

Inmate Name: Hampton, Randell ID#: 226420

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Handwritten note: A large 'X' is drawn across all five lines of the list.

Comments:

Lay in X 90 day

Date: 4/28/05 MD Signature: Siddiq Time: 0500



SPECIAL NEEDS COMMUNICATION FORM

Date: 4-19-05

To: DOC

From: Medical

Inmate Name: Randall Hampton ID#: 226420

The following action is recommended for medical reasons:

1. House in X 1 day 4/19/05
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Stay in today
See Dr Siddig at 7³⁰ AM 4/20/05

Date: 4/19/05 MD Signature: Siddig/JLawhern RN Time: 1020 AM



EMERGENCY

No chart found

2-24

ADMISSION DATE 4/19/05	TIME 1005 AM	ORIGINATING FACILITY Bullock	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT					
ALLERGIES Naldeon	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA							
VITAL SIGNS: TEMP 97.8	ORAL RECTAL	RESP 20	PULSE 64					
B/P 120/82			RECHECK IF SYSTOLIC <100/50					
NATURE OF INJURY OR ILLNESS								
<p>S- I've got bad knee's - My (1) leg gave out on me and I feel this happens every day, a lot. I get muscle spasms in my (1) leg everyday. It hurts bad, all the way up to my hip</p> <p>D- Rubbling (1) knee - Covered in dirt from when knee free</p> <p>A Alteration in comfort due to (1) leg and fall - Having lots of pain</p>								
<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX</td> <td>FRACTURE Z</td> <td>LACERATION / SUTURES</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>				ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN XX	FRACTURE Z	LACERATION / SUTURES				
<p>PHYSICAL EXAMINATION</p> <p>(1) Medicate for pain - Have Islamic see Dr Siddig in AM</p> <p>Rest today - See Dr Siddig in AM.</p>								
<p>ORDERS / MEDICATIONS / IV FLUIDS</p> <p>TIME 1010 BY Ibuprofen 800 mg P.O. now and PRN X 10 days T.O. Dr Siddig / Cawthon</p>								
DIAGNOSIS								
<p>INSTRUCTIONS TO PATIENT</p> <p>Rest today - See Dr Siddig in AM @ 7A</p>								
DISCHARGE DATE 4/19/05	TIME 1015 AM	RELEASE / TRANSFERRED TO Bullock	<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>					
NURSE'S SIGNATURE Cawthon RN		DATE 4/19/05	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL					
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall		PHYSICIAN'S SIGNATURE Bullock	CONSULTATION					
		DOC# 226420	DOB 10/15/83	R/S B/M	FAC. Bullock			



SPECIAL NEEDS COMMUNICATION FORM

Date: 4/20/05

To: _____

From: _____

Inmate Name: Hampton Randall ID#: 226420

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

- (1) No work x 6 months. 4/20/05 → 10/20/05
- (2) No prolonged standing > 20 min x (6 months) 4/20/05 → 10/20/05
- (3) Lay in x 10 days. 4/20/05 → 4/30/05.
- (4) Walk in cane x 60 days. 4/20/05 → 6/20/05.

Date: 4/20/05 MD Signature: Dr. Sidney Whittle Time: 0900

DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

DATE: 04,20,05

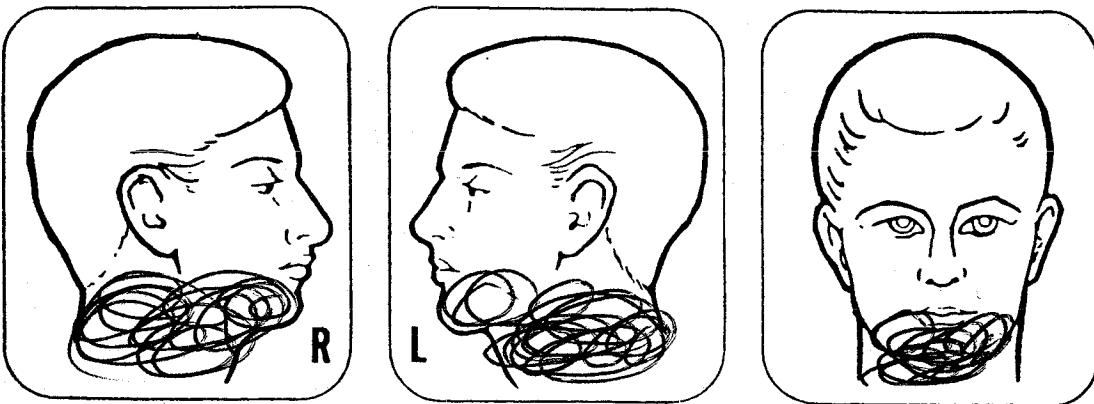
ORIGINATING INSTITUTION/WORK RELEASE CENTER

REASON FOR
PROFILERayon Bumps

TREATMENT:

Shaving profile x 60 days.

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 04,20,05.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

Warden / /
 Inmate 04/20/05 DATE

VSmelhorn
 NURSE'S SIGNATURE
 (Distributed By)

Dr. S. Smith
 PHYSICIAN'S SIGNATURE
 (Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Hampton Randall</u>			<u>BM</u>	<u>2260420</u>

ORIGINAL - Blue Medical Jacket
 YELLOW - Inmate

PINK - Warden

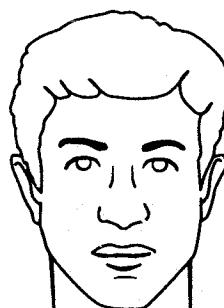
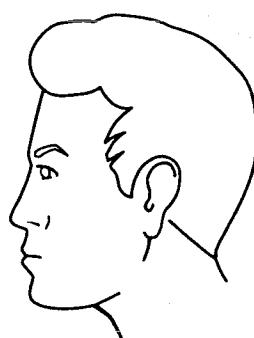
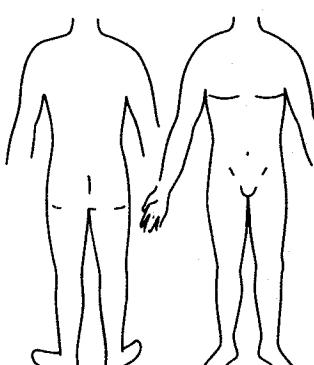
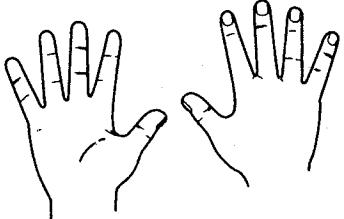


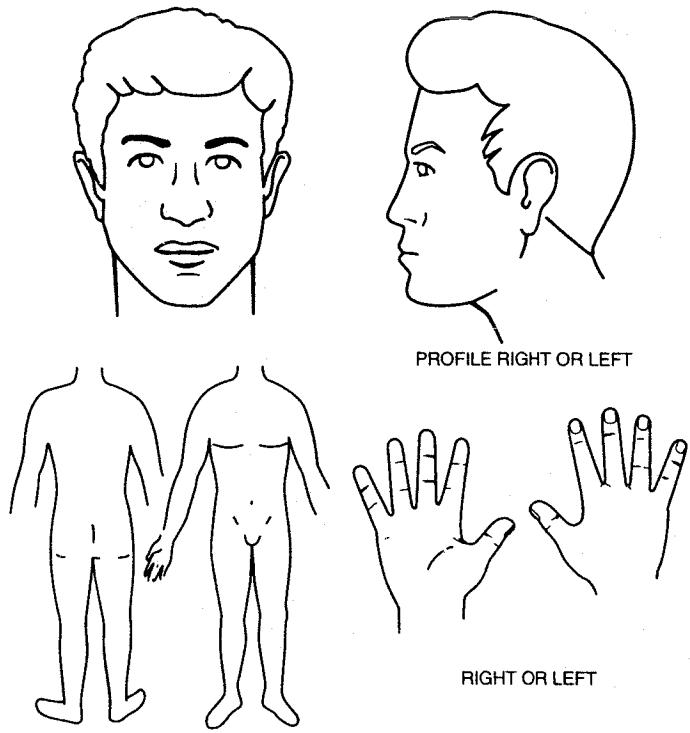
EMERGENCY

ADMISSION DATE 4/15/05	TIME 7:45 AM	ORIGINATING FACILITY Butte	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT										
ALLERGIES Halo 1	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA												
VITAL SIGNS: TEMP 98.8	ORAL RECTAL	RESP. 22	PULSE 60										
B/P 118/80 RECHECK IF SYSTOLIC <100> 50													
NATURE OF INJURY OR ILLNESS S. my body started jacking													
<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> <tr> <td colspan="5">Oscet 979</td> </tr> </table>				ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES	Oscet 979				
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES									
Oscet 979													
<p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>													
PHYSICAL EXAMINATION													
<p>O. Brought to HCU via stretcher</p> <p>Other states reported by officer states that patient was observed lying on ground & having movements</p> <p>Also seen talking - No cuts burns</p> <p>Noted - Resp even - now labored</p> <p>A. A fit in progress due to possible seizure activity</p> <p>P. Seen by DR. Siddiqi placed in HCU for 2 hours observation per protocol</p> <p>DR. Siddiqi @ 7:50</p>													
ORDERS / MEDICATIONS / IV FLUIDS													
Diazepam x 2 tabs													
DIAGNOSIS		TIME	BY										
INSTRUCTIONS TO PATIENT		Recheck as needed											
DISCHARGE DATE 4/15/05	TIME 10:00 AM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FAIR	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL										
NURSE'S SIGNATURE V. Staterca	DATE 4/15/05	PHYSICIAN'S SIGNATURE DR. Siddiqi	DATE										
INMATE NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	R/S	FAC.								
Dompson, Randall		226420	10/15/83	BM	8668								



EMERGENCY

ADMISSION DATE 4 / 15 / 05	TIME AM PM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
ALLERGIES NKA - NNido/	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 99.2	ORAL RECTAL	RESP.	PULSE 70 B/P 118, 78 O2 SAT 100%
NATURE OF INJURY OR ILLNESS S - Body is spastic at times		RECHECK IF SYSTOLIC <100> 50 /	
O - Skin warm & dry. c/o dizziness & light headed No c/o N/V or diarrhea c/o Body spasms & aura from potential seizure - Request to talk w/ Nurse		ABRASION // CONTUSION # BURN XX XX FRACTURE Z Z LACERATION / SUTURES	
Rash noted on upper chest area sm patches and c/o irritation alert & oriented x3. ambulating		  PROFILE RIGHT OR LEFT	
PHYSICAL EXAMINATION A - Alteration to comfort R/T		  RIGHT OR LEFT	
P - 1) Severe medication order by MN Nurse Shephard 2) R/T for sick call for rash eval by MD on Monday 3) hydrocortisone for itching per N 4) Discharge to population		ORDERS / MEDICATIONS / IV FLUIDS <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> TIME BY	



DIAGNOSIS

INSTRUCTIONS TO PATIENT

O PATIENT
R/T infirmary PRN

DISCHARGE DATE <i>4/15/05</i>		TIME AM PM	RELEASE / TRANSFERRED TO <i>pop</i>	<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> FAIR	CONDITION ON DISCHARGE <i>SATISFACTORY</i> <input checked="" type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <i>S. Robert S RN</i>		DATE <i>4/15/05</i>	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) <i>Hampton, Ronda H</i>			DOC# <i>256450</i>	DOB <i>10/15/63</i>	R/S <i>B/m</i>	FAC. <i>BCF</i>



SPECIAL NEEDS COMMUNICATION FORM

Date: 4/1/05To: InmateFrom: medicalInmate Name: Hampton, Randell ID#: 226420

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

- 1) Lay in x 20 days 4/1 - 4/20/05
- 2) No work x 6 mos
4/1 - 9/1/05
- 3) No prolong standing > 10 min x 6 mos
- 4) may have walking stick x 6 mos
(4/1 - 9/1/05)

Date: 4/1/05 MD Signature: Dr. Siddiq / Roberts RN Time: 1540



EMERGENCY

Place on Sick Call
pt request

ADMISSION DATE 3/31/05	TIME 1020 AM	ORIGINATING FACILITY Bottlet	<input type="checkbox"/> SICK CALL <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																													
ALLERGIES Haldol	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																															
VITAL SIGNS: TEMP 98.4	ORAL RECTAL 02 SAT 94	RESP 18	PULSE 79	B/P 110/70 RECHECK IF SYSTOLIC <100> 50																												
NATURE OF INJURY OR ILLNESS S. I was sitting at table next to my I know my head struck facing down & my legs & the I fell out!	<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>				ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																							
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																												
PHYSICAL EXAMINATION O. B/L male escaill to floor by other victim in above of o No sucking skin bridge to (L) side of head & gait even on Ambulation No distress Nohl.	<table border="1"> <tr> <td colspan="2">ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr><td colspan="2"> </td><td> </td><td> </td></tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS		TIME	BY																								
ORDERS / MEDICATIONS / IV FLUIDS		TIME	BY																													
DIAGNOSIS																																
INSTRUCTIONS TO PATIENT																																
DISCHARGE DATE 3/31/05	TIME 1020 AM	RELEASE / TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																													
NURSE'S SIGNATURE V Staker	DATE 10/10	PHYSICIAN'S SIGNATURE Jony 9/10/05	DATE	CONSULTATION																												
INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall			DOC# 226420	DOB 10/15/83	R/S BM	FAC Baff																										

Bullock Co. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Ronald Hampton AIS NO: Bar260120 CELL: # 10
 VIOLATION OR REASON: #35 Fighting w/another person ADMITTANCE
 DATE & TIME RECEIVED: 2/23/05 @ 10:50 AUTHORIZED BY: W.T. Miller
 PERTINENT INFORMATION: DATE & TIME RELEASED:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
	MORN								
	DAY								
	EVE								
MON	MORN								
	DAY								
	EVE								
TUE	MORN								
2/23	DAY								
	EVE								
WED	MORN								
2/24	DAY								
	EVE								
THUR	MORN								
2/25	DAY								
	EVE								
FRI	MORN								
2/26/05	DAY								
	EVE								
SAT	MORN								
2/27/05	DAY								
	EVE								
SUN	MORN								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

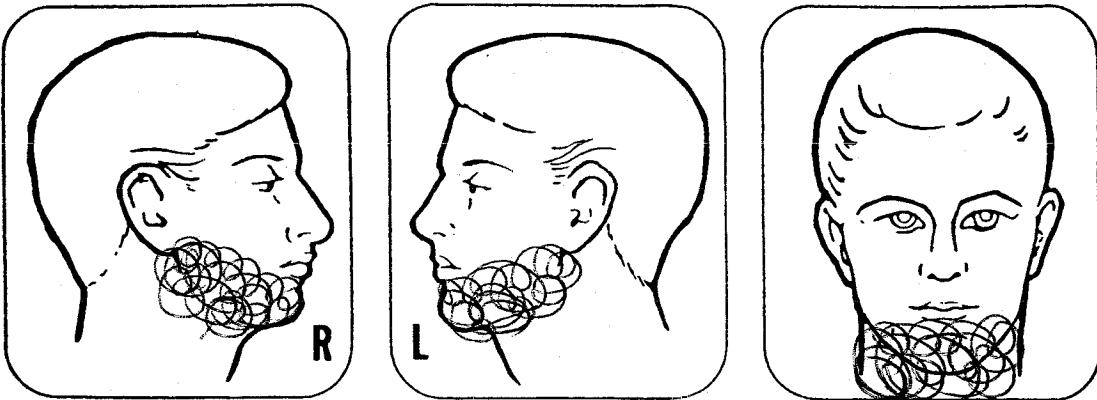
DATE: 2/17/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER Bullock

REASON FOR
PROFILE

TREATMENT:

Clipper shave k (mmyh)

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 2/17/05.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

Warden / /
 Inmate 2/17/05
 DATE

Carolee Rees Jr
 NURSE'S SIGNATURE

(Distributed By)

Dr Saddington
 PHYSICIAN'S SIGNATURE
 (Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
<u>Blampton, Randall</u>			<u>Bm</u>	<u>226420</u>

ORIGINAL - Blue Medical Jacket
 YELLOW - Inmate

PINK - Warden



SPECIAL NEEDS COMMUNICATION FORM

Date: 2/17/05

To: Unmatch

From: Bunnell Correctional Institution

Inmate Name: Hampton, Randall **ID#:** 226420

The following action is recommended for medical reasons:

1. House in Day-iex 20 day: 21/09/05

2. Medical Isolation _____

3. Work restrictions _____

4. May have extra _____ until _____

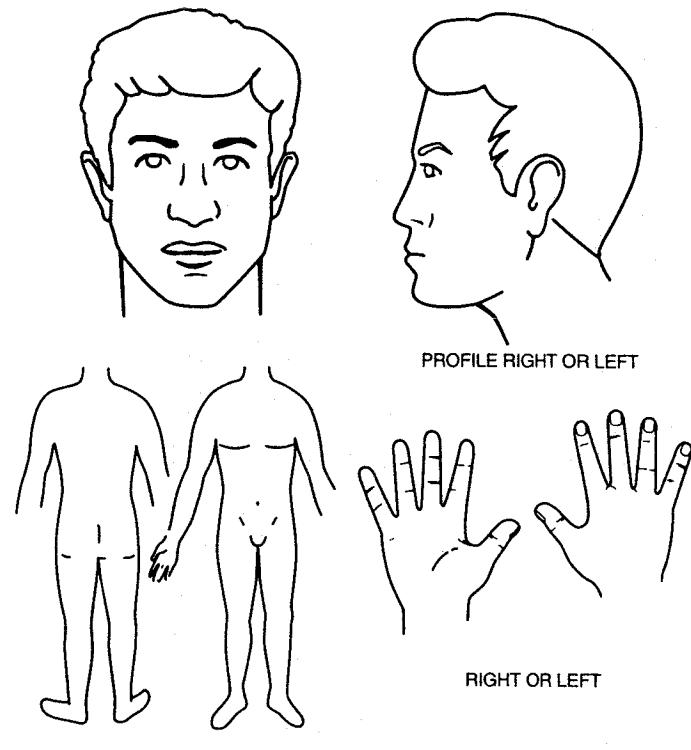
5. Other _____

Comments:

No prolonged standing > 20min x 6 months 8/17/05

Date: 21/7/05 MD Signature: Dr Siddig Iqbal Deesoft Time: 0930

EMERGENCY

ADMISSION DATE 1/29/05		TIME 5:30 AM	ORIGINATING FACILITY Butler	<input type="checkbox"/> SICK CALL	<input type="checkbox"/> EMERGENCY																
			<input type="checkbox"/> SIR	<input type="checkbox"/> PDL	<input type="checkbox"/> ESCAPEE	<input type="checkbox"/> OUTPATIENT															
ALLERGIES N/A			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																		
VITAL SIGNS: TEMP 98 ORAL RECTAL			RESP. 18	PULSE 84	B/P 110, 80	RECHECK IF SYSTOLIC <100> 50															
NATURE OF INJURY OR ILLNESS S-Body Chart for Doc"			<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table>  <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>				ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES										
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																	
PHYSICAL EXAMINATION D- Bel. Male. Ambulatory to Hall Alert And Oriented 3 escorted by officer Mason in hand cuffed behind back Small abrasion to D elbow no other problems noted at this time			<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr> <td colspan="3">P- Released to Doc, no medical problems noted</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> </tr> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	P- Released to Doc, no medical problems noted											
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																			
P- Released to Doc, no medical problems noted																					
DIAGNOSIS																					
INSTRUCTIONS TO PATIENT																					
DISCHARGE DATE 1/26/05		TIME 5:30 AM	RELEASE / TRANSFERRED TO	<input type="checkbox"/> DOC	CONDITION ON DISCHARGE																
			<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> POOR																
			<input type="checkbox"/> FAIR	<input type="checkbox"/> CRITICAL																	
NURSE'S SIGNATURE Martha J. Gandy		DATE	PHYSICIAN'S SIGNATURE P.M. 2/3/05	DATE	CONSULTATION																
INMATE NAME (LAST, FIRST, MIDDLE) Hompton Rondell			DOC#	DOB	R/S	FAC.															
			226420	10-15-03	B1	Butler															



EMERGENCY

BCCF

ADMISSION DATE 1/29/05	TIME 5:55 AM	ORIGINATING FACILITY BCCF	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES NICA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP 99.2 ORAL RECTAL	RESP. 19	PULSE 116	B/P 150/90 RECHECK IF SYSTOLIC <100>50		
NATURE OF INJURY OR ILLNESS S- "Continuous loud outburst à hostile language talking to CO's. O- Hostile + loud babbly on about officer's jealousy of him. Sweating + crying A- AMS à inappropriate aggressive behavior.		ABRASION // CONTUSION # BURN XX XX FRACTURE Z LACERATION / Z SUTURES			
 PROFILE RIGHT OR LEFT RIGHT OR LEFT					
PHYSICAL EXAMINATION P- Give inmate Haldol 10 mg IM à Benadryl 50 mg IM now + Suicide watch, smoke only. T.O./Dr. Sanders to T.Shygan 6:00 PM					
ORDERS / MEDICATIONS / IV FLUIDS Haldol 10 mg IM now LRF 1800 Benadryl 50 mg IM now Suicide watch in crisis cell, à smoke only. T.O./Dr. Sanders to T.Shygan 6:00 PM					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
DISCHARGE DATE 1/29/05	TIME AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL		
NURSE'S SIGNATURE L. Hough Jr	DATE 1-29-05	PHYSICIAN'S SIGNATURE	DATE		
INMATE NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	R/S	FAC.
Hampton, Randall		226420	10-15-83	B/m	BCCF

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT
PAGE 1

Institution:	Bullock County RTU	SU	Date/Time of Admission:	
Inmate Name:	Hampton, RANDALL		AIS#:	226420
			DOB:	10-15-83
Vital Signs				
BP 150/90	P 116	R 19	HT	WT
Allergies: NKDA				

Past Medical History

Diabetes	Heart Disease	Kidney Disease	Hypertension	Cancer	TB
Seizures	COPD	Back Problems	Liver Disease	Stroke	
Peptic Ulcer D/O	Congenital D/O	Peripheral Vascular Disease	Other		
Assistive Devices					
Walker	Crutches	Cane	Wheelchair	Artificial Limb (s)	
Glasses	Hearing Aid	Partial Dentures	Upper Dentures	Lower Dentures	
Other:					

Major Illnesses/ Accidents / Surgeries / etc.

Current Medical Problems:

Tegretol 300mg bid, phenobarbital 60mg BID, Advil 800mg bid

Current Medical Medications / Dosages:

Compliance:	100%	50% to 90%	10% to 40%	0%
Sleep Pattern:	Insomnia	Difficulty Falling Asleep	Difficulty Waking Up	Other:
Tobacco/Amount:	Caffeine/Amount:			
Hygiene:	Good	Fair	Poor	Showers _____ times a week
Appetite:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Appears Adequately Nourished <input type="checkbox"/> Deficit			
History of Failure to Eat / Hunger Strikes:	No Yes Last Episode (explain) _____			

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:

History of Aggression / Acting Out Behavior: Yes No

Last Episode (explain):

ALABAMA DEPARTMENT OF CORRECTIONS
 MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT
 PAGE 2

Educational Assessment

Highest Grade Completed: _____ Regular Classes Special Education
 Able to Understand Current Diagnosis Able to Read Able to Write Able to Communicate
 Unable to Understand Current Diagnosis Unable to Read Unable to Write Unable to Communicate

Mental Status

Age:	Appears Stated Age	Appears Younger	Appears Older			
Dress/Grooming:	Appropriate	Marginal	Disheveled	Bizarre		
Posture:	Unremarkable	Rigid	Stooped			
Facial:	Unremarkable	Hostile	Worried	Tearful	Sad	
Eyes:	Unremarkable	Glances Furtively	Stares	Poor Eye Contact		
Motor Activity:	Increased	Decreased	Gait Unsteady	Gait Rigid	Gait Slow	
	Agitation	Tremors	Tics			
General Attitude/Behavior:	Spontaneous	Preoccupied	Suspicious	Argumentative		
	Self-Destructive	Withdrawn	Regressed	Seductive	Hostile	
Mood / Affect:	Flat	Depressed	Euphoric	Apathetic	Fearful	
	Blunt	Inappropriate	Constricted			
Speech / Communication:	Normal	Aphasia	Slurred	Rapid	Mute	
	Flight of Ideas	Confabulation	Muttering	Tangential	Loose Associations	Over Productive
Thought Content:	Suicidal Thoughts/Plans		Homicidal Thoughts/Plan		Antisocial Attitudes	
Phobias	Indecisiveness	Self-Derogatory	Excessive Religion	Bizarre	Self-Pity	
Assaultive Ideas	Hypochondriasis	Alienation	Alienation	Blames Others	Suspiciousness	
Helplessness	Inadequacy	Poverty of Content	Ideas of Guilt	Obsessive	No Deficit Identified	
Abstract Thinking:	Unimpaired	Concrete				
Delusions:	None	Persecution	Systematized	Somatic	Other	
Hallucinations:	None	Auditory	Visual	Olfactory	Tactile	
Memory:	Grossly Intact	Inability to Concentrate		Poor Recent Memory	Poor Remote Memory	
Insight / Judgment:	Unimpaired	Poor Judgment	Poor Insight			
Does not know reason for transfer to RTU/SU			Unmotivated for Treatment			

Assessment Completed by: L. Lopez, RN Date: 1-29-05

ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name	AIS #
<u>Hampton, Randall</u>	<u>226420</u>

ALDOC Form 472-04 (Page 2 of 2)

MENTAL HEALTH OBSERVATION FORM

Inmate Name Hampton, Randall Ais# 226420 Date/Time Initialed 1-25-05/UR

MEN HEALTH OBSERVATION FORM

Inmate Name Hampton, Randal Ais# 226420 Date/Time Initialed 1-29-05/11

Date	Time	Observer	Comments
1-29-05	17:55	LRY/cr	S- Coughing loud outburst ē hostile anger talking to CO D- Hostile + loud barking on about other going of him. Swears + crys A- Arms ē inappropriate aggressive behavior P- Care in mate (HADOL long TM ē Brady) I saw TM now + found watch ē small only - Snone T/O Dr. Sanders / E Shaffer Eyes closed + Breathing easy, p. Nappelason small. Nodding relax
2000	2000	m5/cp	(P) Stabs (P) Contagion/H/O - BKG S- D- lying on metal bed in blanket, in fetal position. Legs closed resp. Unlabored P- Stable & present P- Will cont w/ monitor
1/30/05	0200	MKmen	S- sleeping on cot & no sig of distress. D- Breathing normal, heart & small A- stable P- Continue suicide watch
1-30-05	0850	LRY/cr	S- sleeping on cot & no sig of distress. D- Breathing normal, heart & small A- stable P- Continue suicide watch
1-30-05	13:25	LRY/cr	S- Barking on wall, window ē hands + head, seem to get out out cell. D- Hostile attitude & incident exposure. A- Arms & abnormal behavior P- CALL Dr. Sanders. Ord cell HADOL 10mg TM ē Brady 5mg TM. Given to CO's

DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

DATE: 01/28/05 ORIGINATING INSTITUTION/WORK RELEASE CENTER BULLOCK

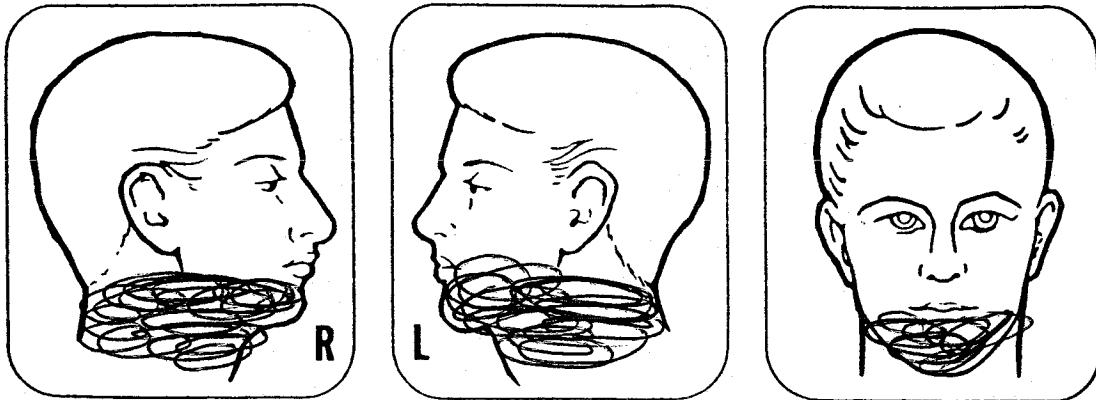
REASON FOR PROFILE

Hayon Bumps

TREATMENT:

Shaving profile x 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 3/28/05.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

Warden / /
 Inmate 01/28/05 DATE

NURSE'S SIGNATURE
(Distributed By)

V. Smith (pn) Dr. Leoty W. Smith
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date of Birth	Age	R/S	AIS #
<u>Hampton, Randall</u>	<u>10/15/83</u>		<u>BM</u>	<u>320420</u>

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden



SPECIAL NEEDS COMMUNICATION FORM

Date: 1/28/05

To: _____

From: _____

Inmate Name: Hampton Randall ID#: 226430

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

(1) No prolonged standing >20min x 6months. 1/28/05 → 7/28/05

(2) Lay in x 10days. 1/28/05 → 2/17/05

(3) Benzoyl peroxide x 30days. 1/28/05 → 2/17/05

Date: 1/28/05 MD Signature: Dr. Sidney H. Smith Time: 0900

PRISON HEALTH SERVICES
SEGREGATION LOG

Name:	AIS	DOB	UNIT	Seg	YEAR 2005																															
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jompson	Brundell	126 470																																		
JANUARY																																				
FEBRUARY																																				
MARCH																																				
APRIL																																				
MAY																																				
JUNE																																				
JULY																																				
AUGUST																																				
SEPTEMBER																																				
OCTOBER																																				
NOVEMBER																																				
DECEMBER																																				

NURSES SIGN AND INITIAL

KEY:

- M - MEDICAL
- D - DENTAL
- P - PSYCHIATRIC
- N/C-NO COMPLAINTS



EMERGENCY

ADMISSION DATE 1/11/05	TIME 9:35 AM PM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
---------------------------	-----------------------	---	--

ALLERGIES NKA	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
------------------	---

VITAL SIGNS: TEMP 98°	ORAL RECTAL	RESP 20	PULSE 74	B/P 130/72	RECHECK IF <100> 50
--------------------------	----------------	------------	-------------	---------------	------------------------

NATURE OF INJURY OR ILLNESS

S "I took my phenobarb on an empty stomach, I'm hungry and weak."

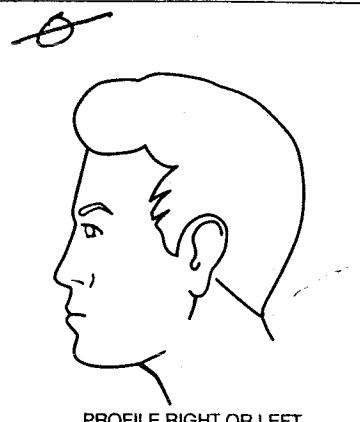
O A 80X3, verbally responsive, & confused. Normal. & observable weakness, walking well alone. C distress noted, vis within normal limits.

A At comfort level.

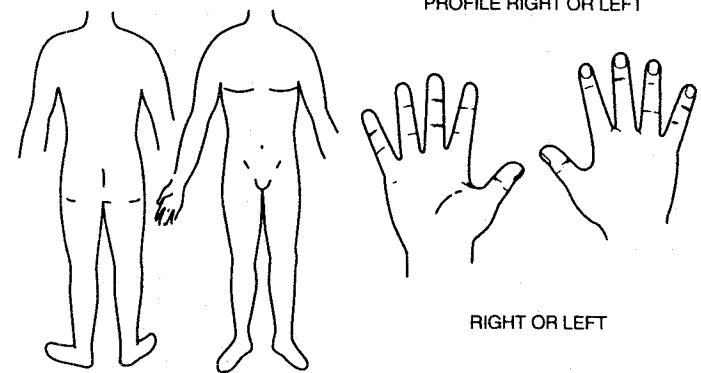
P Released to D.O.C. Advised inmate stated he missed breakfast, states he is hungry.

E C miss meals, eat when fed.

ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
-------------	-------------	---------------	-----------------	-------------------------



PROFILE RIGHT OR LEFT



RIGHT OR LEFT

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT

Eat meals on time

DISCHARGE DATE 1/11/05	TIME 9:30 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <i>Karen M</i>	DATE 1-1-05	PHYSICIAN'S SIGNATURE <i>9/11/05</i>	DATE 1-1-05	CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE) H. M. R. 11	DOC#	DOB	R/S	FAC
	201421	10-16-07	Res	Res



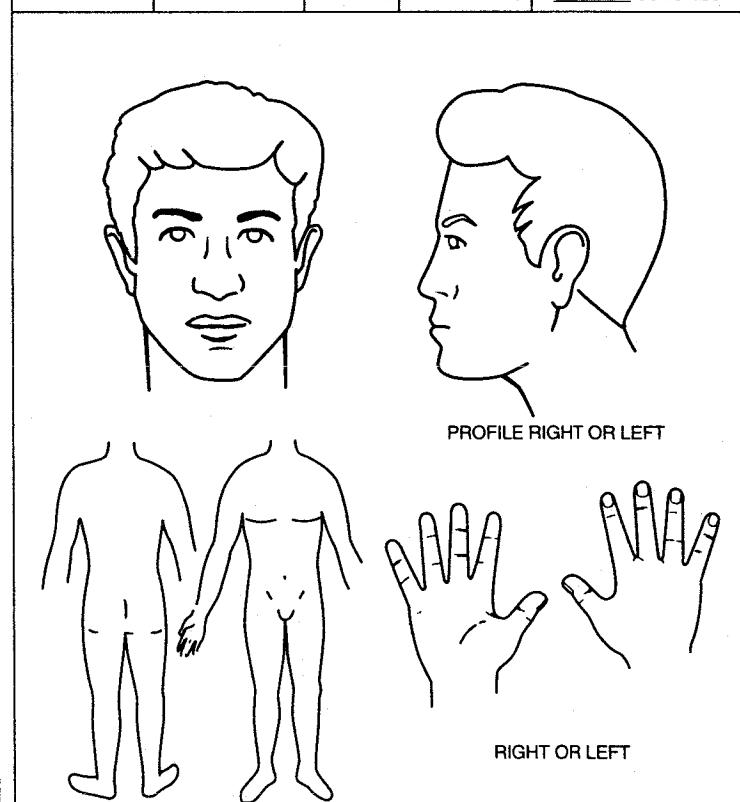
EMERGENCY

ADMISSION DATE 12/20/04	TIME 10:15 AM	ORIGINATING FACILITY Bulloch	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT
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ALLERGIES	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
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VITAL SIGNS: TEMP 97.8	ORAL RECTAL	RESP 20	PULSE 86	B/P /	RECHECK IF SYSTOLIC <100> 50
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NATURE OF INJURY OR ILLNESS S. I walking back to my cell & my body started jerking & my legs gave out. I hit my head right here on the side	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
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PHYSICAL EXAMINATION	ORDERS / MEDICATIONS / IV FLUIDS			TIME	BY
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O. Brought to here on stretcher HR 88 - No jerking activity and pointed to (L) side of head - No swelling Noted no skin intact - Resp even now Labored - ambulating in steady equal gait					
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A. Body weakness					
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P. Please back to dorm.					
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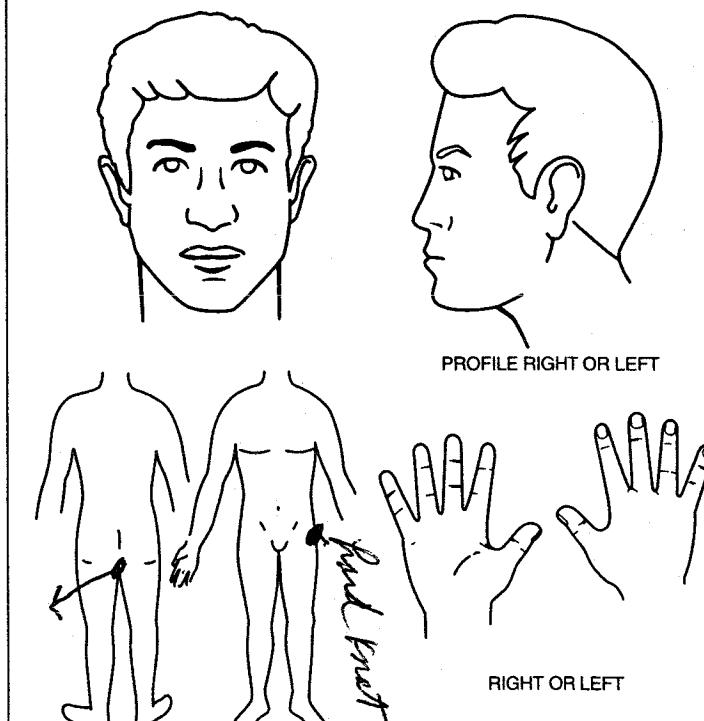
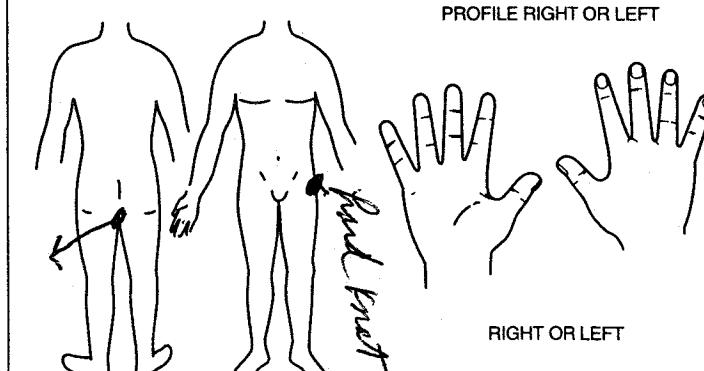
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EMERGENCY



EMERGENCY

ADMISSION DATE 12/11/04	TIME AM PM	ORIGINATING FACILITY □ SIR □ PDL □ ESCAPEE <i>Bullock</i>	□ SICK CALL □ EMERGENCY □ OUTPATIENT					
ALLERGIES <i>N/A</i>	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA							
VITAL SIGNS: TEMP <i>98.6</i> ORAL RECTAL	RESP. <i>20</i>	PULSE <i>24</i>	B/P <i>130/76</i>					
RECHECK IF SYSTOLIC <i><100-50</i>								
NATURE OF INJURY OR ILLNESS <i>S- My hip hurts</i>								
<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN <i>xx</i></td> <td>FRACTURE <i>z</i></td> <td>LACERATION / SUTURES</td> </tr> </table>				ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / SUTURES
ABRASION //	CONTUSION #	BURN <i>xx</i>	FRACTURE <i>z</i>	LACERATION / SUTURES				
 <p>PROFILE RIGHT OR LEFT</p>								
 <p>RIGHT OR LEFT</p>								
PHYSICAL EXAMINATION								
<p><i>O- Alert & Oriented x 3</i></p> <p><i>Resps Regular and even. Skin</i> <i>W/ P to touch large hard area</i> <i>to ① hip & hard area between</i> <i>buttock area on hip draining</i> <i>bloody clear drainage.</i></p> <p><i>A Alteration in comfort</i></p>								
<p>ORDERS / MEDICATIONS / IV FLUIDS</p> <p><i>P Dr Sidney Called</i> <i>Orders given to give</i> <i>Cipro 500mg IM now</i> <i>Battin 1DS - PO Bid</i> <i>x 10 days</i> <i>Rifomycin 300mg bid x 10 days</i></p>								
DIAGNOSIS <i>O</i>								
INSTRUCTIONS TO PATIENT <i>See above</i>								
DISCHARGE DATE <i>12/11/04</i>	TIME <i>2:05</i> AM PM	RELEASE / TRANSFERRED TO <i>DOC</i>	CONDITION ON DISCHARGE □ SATISFACTORY □ POOR □ FAIR □ CRITICAL					
NURSE'S SIGNATURE <i>Martha Lark</i>	DATE	PHYSICIAN'S SIGNATURE <i>John J. (3) 09</i>	DATE					
INMATE NAME (LAST, FIRST, MIDDLE) <i>John J. (3) 09</i>		DOC#	DOB	R/S	FAC.			



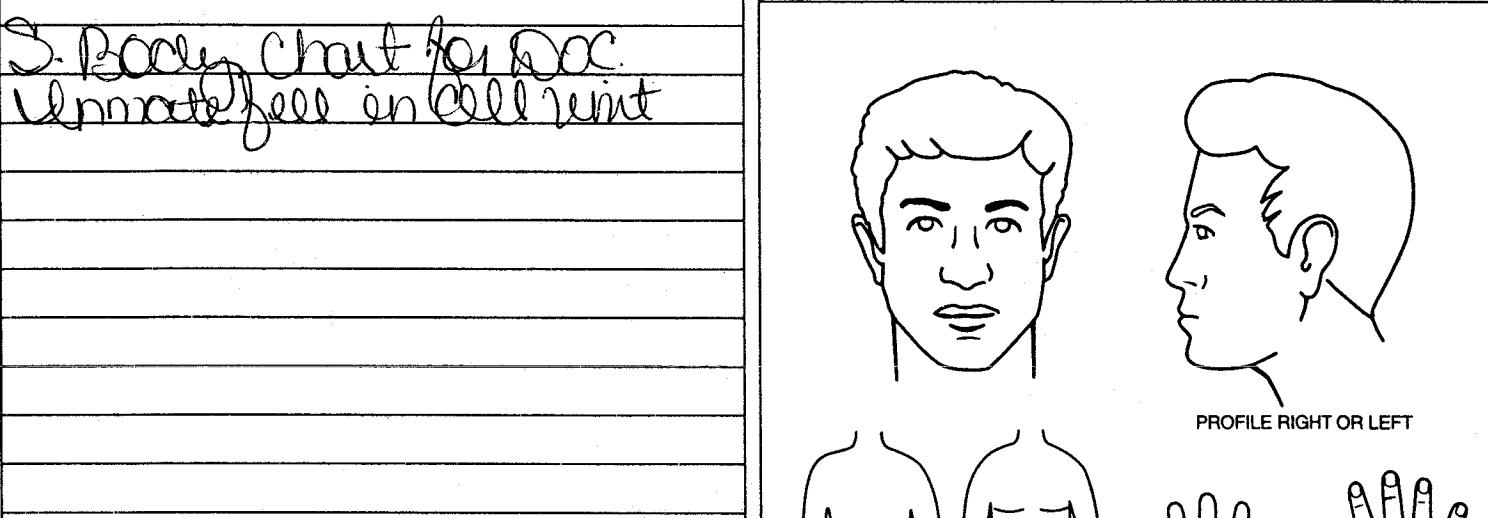
EMERGENCY

ADMISSION DATE 12/08/04	TIME 1140 AM	ORIGINATING FACILITY Bullock	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
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ALLERGIES NKA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
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VITAL SIGNS: TEMP	ORAL RECTAL	RESP 18	PULSE 72	B/P 128/76	RECHECK IF SYSTOLIC <100> 50
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NATURE OF INJURY OR ILLNESS S. Body Chart for DOC Inmate fell in cell unit	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
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PHYSICAL EXAMINATION	ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
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DOC male brought to HCU via stretcher. Inmate respond to verbal stimuli. Inmate able to move all ext's with some discomfort noted. Inmate denies blurred vision, no dizziness. Skin intact. No new body markings noted. Inmate able to ambulate to assist from stretcher to w.c.

A- Stable
P- Place in infirmary for observation

DIAGNOSIS	(1) Adm 800mg PO PRN x 3 days (2) X-ray
-----------	--

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 12/08/04	TIME 1152 PM	RELEASE / TRANSFERRED TO Infirmary	<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
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NURSE'S SIGNATURE B Smith	DATE 12/08/04	PHYSICIAN'S SIGNATURE Jon M	DATE	CONSULTATION
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INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
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M. Thompson, Prinnell BM ECF

Bullock Co. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton AIS NO: B1226420 CELL: # 11B
 VIOLATION: Destroying, Disposing, Altering, Damaging
 OR REASON: or Selling State Property
 DATE & TIME RECEIVED: 11/24/04 6:57 P.M.
 DATE & TIME RELEASED: _____

PERTINENT INFORMATION: #38 Indecent Exposure / Exhibitionism PV

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/6	MORN	Y			N	N	Althen	N	Meds given	H. Johnson, CO
	DAY	N	N	NO	N	N	Althen	N	Dr. Lancaster of 11B	W. Morris, CO
	EVE	Y	N	NO	N	N	Althen	NO	Read meds	W. Morris, CO
MON										
12/7	MORN	Y	Y	Y	Y	Y	Althen	Y	Meds given	Jeffrey Patrick, CO
	DAY	Y	N	N	N	N	Althen	N	Dr. Lancaster	Jeffrey Patrick, CO
	EVE	Y	N	N	N	N	Althen	Y	Read meds	Jeffrey Patrick, CO
TUE										
12/8	MORN	Y	Y	Y	Y	Y	Althen	Y	Meds given	Julia Elliott, CO
	DAY	N	N	Refused	N	N	Althen	Y	meds given	Julia Elliott, CO
	EVE	Y	N	N	N	N	Althen	N	Read meds	Julia Elliott, CO
WED										
12/9	MORN	Y	Y	Y	Y	Y	Althen	NO	Meds given	Julia Elliott, CO
	DAY	N	N	Refused	N	N	Althen	N	Read meds	Jeffrey Patrick, CO
	EVE	Y	Y	N	N	N	Althen	N	Read meds	Jeffrey Patrick, CO
THUR										
12/10	MORN	Y	Y	Y	Y	Y	Althen	Y	Meds given	Julia Elliott, CO
	DAY	N	N	N	R	N	Althen	N	Dr. Lancaster	Jeffrey Patrick, CO
	EVE	Y	N	N	N	N	Althen	N	Read meds	Jeffrey Patrick, CO
FRI										
12/11	MORN	N	N	N	N	N	Althen	N	Meds given	C. Young, CO
	DAY	Y	N	N	R	N	Althen	N	Read meds	C. Young, CO
	EVE	Y	N	N	N	N	Althen	N	Read meds	C. Young, CO
SAT										
12/12	MORN	N	N	N	N	N	J. Anderson	N	Meds given	C. Young, CO
	DAY	Y	N	N	R	N	J. Anderson	N	Read meds	S. Smart, CO
	EVE	Y	N	N	N	N	J. Anderson	N	Read meds	S. Smart, CO
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: RANDALL HAMPTON
 VIOLATION: 69-Destroying, Disposing, Altering, changing or
 OR REASON: Selling State Property / PV #38
 DATE & TIME RECEIVED: 11/24/04 (1:57 p.m.)
 PERTINENT INFORMATION:

AIS NO: B/226420 CELL: # 11B
 ADMITTANCE
 AUTHORIZED BY: Sgt. Anthony Jackson
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
11/29	MORN	Y	N	Y	Y/N	Refusing	Refusing	Rec'd med	Julia Elliott
	DAY	N	N	N	Refused	Refused	N	Med recd	Rocky
	EVE	Y	N	N	N	N	N	Rec'd med	Lynn COI
MON									
11/30	MORN	Y	N	Y	Y	Refused	Refused	Meds given, C. Johnson COI	
	DAY	N	N	N	Refused	Refused	N	Med recd	Sp. Med COI
	EVE	Y	Y	N	ND	Kitchen	ND	Rec'd med	Julia COI
TUE									
12/1	MORN	Y	N	Y	Y/N	Refused	Refused	Meds given	Julia Elliott
	DAY	N	N	N	N	V. Sibley	N	Med recd	S. Smart COI
	EVE	Y	N	N	N	Refused	N	Med given	Julia COI
WED									
12/2	MORN	Y	N	Y	Y/N	Refused	Refused	Meds given	Julia Elliott
	DAY	N	N	N	Refused	Refused	N	Med recd	Sp. Med COI
	EVE	Y	Y	N	Refused	Refused	N	Med Recd	C. Johnson COI
THUR									
12/3	MORN	Y	N	Y	Y/N	Refused	Refused	Meds given	Julia Elliott
	DAY	N	N	N	Refused	Refused	N	Med recd	Sp. Med COI
	EVE	Y	N	N	Refused	Refused	N	Rec'd med	C. Johnson COI
FRI									
12/4	MORN	N	N	N	N	Refused	N	Meds recd.	H. Johnson, COI
	DAY	Y	N	N	N	Refused	N	Med recd	C. Clarke, COI
	EVE	Y	Y	N	N	Refused	N	Rec'd med	Julia COI
SAT									
12/5	MORN	N	N	N	N	Refused	N	Meds given	D. Page COI
	DAY	Y	N	N	Refused	Refused	N	Med recd	Sp. Med COI
	EVE	Y	Y	N	N	Refused	N	Rec'd med	Julia COI
SUN									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton
 VIOLATION: 64-Destroying, disposing, altering, damaging
 OR REASON: or selling state property / PV#38
 DATE & TIME RECEIVED: 11-24-14 @ 10:52
 PERTINENT INFORMATION:

AIS NO. 2016400 CELL: # 113
 ADMITTANCE: Sgt Jackson
 AUTHORIZED BY: Sgt Jackson
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
MON	MORN									
	DAY									
	EVE									
TUE	MORN									
11/24	DAY									
	EVE	N	N	N			N	N	N	TB again col
WED	MORN	N	N	N						
11/25	DAY	Y	Y	Y	Refused		Wagon	N	Meds given	H. Thompson, col
	EVE	Y	Y	N			Wagon	N	Given	Wagon, col
THUR	MORN	N	Y	NP			Wagon	N	Refused med	L. Meyers, col
11/26	DAY	Y	N	N			Wagon	N	meds given	Julie Elliott, col
	EVE	Y	N	N			Wagon	N	Given	E. Smart, col
FRI	MORN	Y	Y	N			Wagon	N	meds given	L. Johnson, col
11/27	DAY	Y	Y	R			Wagon	N	Refused med	L. Johnson, col
	EVE	Y	Y	N			Wagon	N	Refused Meds.	L. Johnson, col
SAT	MORN	N	N	N						
11/28	DAY	Y	N	N	Refused		Wagon	N	Meds given	G. Williams, col
	EVE	Y	R	N			Wagon	N	Given	G. Williams, col
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



EMERGENCY

ADMISSION DATE <i>11/24/09</i>	TIME AM PM	ORIGINATING FACILITY <i>Bullard</i> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																					
ALLERGIES <i>NYCA</i>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																							
VITAL SIGNS: TEMP <i>98.8</i>	ORAL RECTAL	RESP <i>22</i>	PULSE <i>98</i> B/P <i>152/82</i> RECHECK IF SYSTOLIC <100> 50																					
NATURE OF INJURY OR ILLNESS <i>S. "I need my medicine. I haven't had my medicine since 4pm this morning."</i>	<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table> <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																				
PHYSICAL EXAMINATION <i>O. B. To Hc reserved by Sgt Jackson, Speck, Davis for Routine Body Chart. Angry because of meds not being given yet. No cuts/abrasions noted. A Body chart for OUC present to OUC.</i>	<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS</td> <td>TIME</td> <td>BY</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																		
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																						
DIAGNOSIS																								
INSTRUCTIONS TO PATIENT																								
DISCHARGE DATE <i>11/24/09</i>	TIME AM PM	RELEASE / TRANSFERRED TO <i>DOC</i> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																					
NURSE'S SIGNATURE <i>V. St. John</i>	DATE <i>11/24/09</i>	PHYSICIAN'S SIGNATURE <i>DOC 11/27/09</i>	DATE <i>11/27/09</i> CONSULTATION																					
INMATE NAME (LAST, FIRST, MIDDLE) <i>John D. St. John</i>		DOC# <i>11111111</i>	DOB <i>11/24/09</i>	R/S <i>Bm</i>	FAC <i>BCF</i>																			



SPECIAL NEEDS COMMUNICATION FORM

Date: 11-20-04

To: DOC

From: Infirmary

Inmate Name: Randall Hampton ID#: 256420

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Inmate is on a seizure medication called Phenobarbital & it's has a sedative effect (drowsiness)

Date: 11/20/04 MD Signature: D. Siddiq / K Williams Time: 0525



RELEASE OF RESPONSIBILITY

Inmate's Name: Hompson Rondell

Date: 11-3-04 Time: 0800 A.M.
P.M.

A.M.
P.M.

This is to certify that I, Ronda L. Hampton, currently in

custody at the Bullock Correctional Facility, am refusing to

Refused to do so by [redacted]

See MD (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Refused to sign
(Signature of Inmate)***

M. Gibson
(Signature of Medical Person)

(Signature of Medical Person)

John P. Galvin
(Witness)

• 144 •

****A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.**



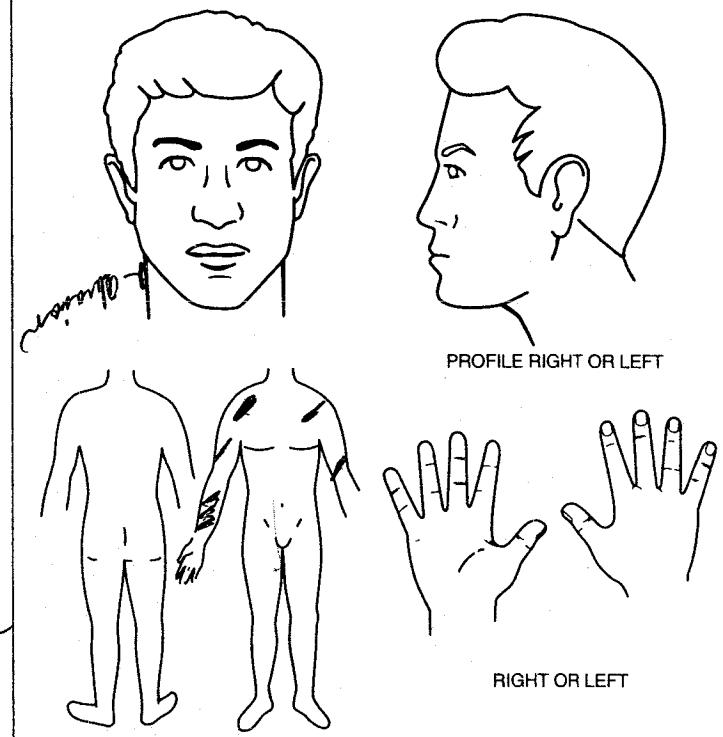
EMERGENCY

ADMISSION DATE 10/16/04	TIME 8:15 AM	ORIGINATING FACILITY Butler	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
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ALLERGIES NKA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
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VITAL SIGNS: TEMP 98°	ORAL RECTAL	RESP 18	PULSE 74	B/P /	RECHECK IF SYSTOLIC <100> 50
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NATURE OF INJURY OR ILLNESS <i>S. My leg gone out and I fell</i>	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
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PHYSICAL EXAMINATION

O- Blk Male Ambulatory to Hcr
Alert & Oriented x 3 respir regular
And even Skin w/o to touch
Small abrasion to P side of neck
Multiple tattoos to Arms Chest
& Abd. Old scars to Neck &
Arms.

A- Alteration in comfort:

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
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P released to Doc, no
Medical tx required

DIAGNOSIS

INSTRUCTIONS TO PATIENT

DISCHARGE DATE 10/16/04	TIME 8:22 AM	RELEASE / TRANSFERRED TO DOC AMBULANCE	CONDITION ON DISCHARGE SATISFACTORY <input type="checkbox"/> POOR FAIR <input type="checkbox"/> CRITICAL
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NURSE'S SIGNATURE Maisha Jackson	DATE	PHYSICIAN'S SIGNATURE 10/16/04	DATE	CONSULTATION
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INMATE NAME (LAST, FIRST, MIDDLE) Honston Ron L.	DOC#	DOB	R/S	FAC
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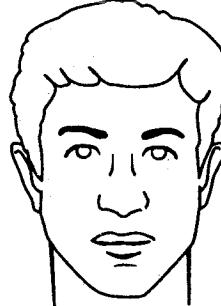
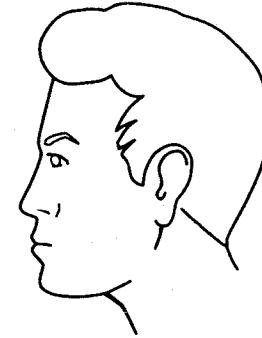
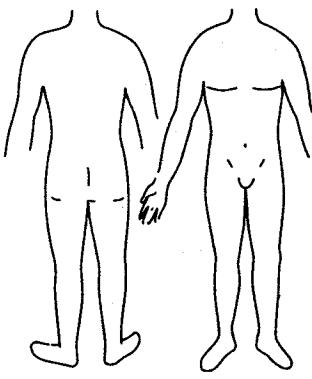
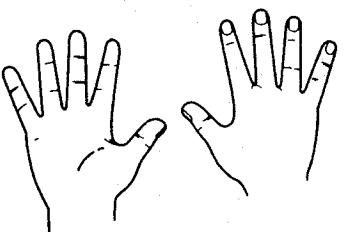
EMERGENCY

ADMISSION DATE 9/18/04	TIME 11:00 AM PM	ORIGINATING FACILITY Bullock	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																		
ALLERGIES NKA	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																				
VITAL SIGNS: TEMP 98° RECTAL	RESP 20	PULSE 84	B/P 116/80 RECHECK IF SYSTOLIC <100> 50																		
NATURE OF INJURY OR ILLNESS S fell in the kitchen	<table border="1"> <tr> <td>ABRASION //</td> <td>CONTUSION #</td> <td>BURN XX XX</td> <td>FRACTURE Z Z</td> <td>LACERATION / SUTURES</td> </tr> </table>			ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES													
ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES																	
 PROFILE RIGHT OR LEFT RIGHT OR LEFT																					
PHYSICAL EXAMINATION	<table border="1"> <tr> <td>ORDERS / MEDICATIONS / IV FLUIDS P Adail 870 mg po x 1 dose</td> <td>TIME</td> <td>BY</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>			ORDERS / MEDICATIONS / IV FLUIDS P Adail 870 mg po x 1 dose	TIME	BY															
ORDERS / MEDICATIONS / IV FLUIDS P Adail 870 mg po x 1 dose	TIME	BY																			
DIAGNOSIS																					
INSTRUCTIONS TO PATIENT																					

DISCHARGE DATE 1/1/05	TIME 11:00 AM PM	RELEASE / TRANSFERRED TO □ DOC □ AMBULANCE □	CONDITION ON DISCHARGE □ SATISFACTORY <input checked="" type="checkbox"/> POOR □ FAIR <input type="checkbox"/> CRITICAL			
NURSE'S SIGNATURE Martha Jackson	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE) Honeton, Rondell			DOC# 226420	DOB	R/S P/M	FAC Bullock



EMERGENCY

ADMISSION DATE 09/08/04	TIME 1225 AM	ORIGINATING FACILITY Bullock	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT																
ALLERGIES NKA	CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																		
VITAL SIGNS: TEMP 98.6	ORAL RECTAL	RESP. 18	PULSE 66 B/P 140/90																
RECHECK IF SYSTOLIC <100> 50		LACERATION / SUTURES																	
NATURE OF INJURY OR ILLNESS S-I feel like I'm going to have a seizure!		ABRASION // CONTUSION # BURN XX FRACTURE Z	XX Z																
		02 sat @ 9990																	
		 																	
		PROFILE RIGHT OR LEFT																	
		 																	
		RIGHT OR LEFT																	
PHYSICAL EXAMINATION		ORDERS / MEDICATIONS / IV FLUIDS																	
<p>D-Bul male ambulated to cell. P10x3. Resp reg c clear. Skin warm & dry to touch & intact. VS within normal range & slight ↑ BP. Inmate is conscious. Inmate stated he's hungry (last time he had eaten 1100 around 4pm).</p> <p>P-Ref to see MD if problem</p>		<table border="1"> <tr> <td>TIME</td> <td>BY</td> </tr> <tr> <td></td> <td></td> </tr> </table>		TIME	BY														
TIME	BY																		
DIAGNOSIS																			
INSTRUCTIONS TO PATIENT Go and eat something to regain energy.																			
DISCHARGE DATE 09/08/04	TIME 1230 PM	RELEASED TRANSFERRED TO XPOPS	CONDITION ON DISCHARGE <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL																
NURSE'S SIGNATURE V Smith	DATE 9/08/04	PHYSICIAN'S SIGNATURE John 9/08/04	DATE CONSULTATION																
INMATE NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	R/S	FAC														
Hampton, Randall		225160	10/15/83	Bm	BCCF														



FLOW SHEET

INSTRUCTIONS: BP ✓ x 3 days

PHYSICIAN: Dr. Sidd. J

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hampton, Randall	225420	10/15/83	BM	BCCF



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/08/04

To: _____

From: _____

Inmate Name: Hampton Randall ID#: 235420

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Return to HCU for BP ✓ x 3 days.

9/08/04 7AM 9/09/04 7AM 9/10/04 7AM
7PM 7PM 7PM

Date: 9/08/04 MD Signature: Dr. Dayna H. Smith Time: 1240

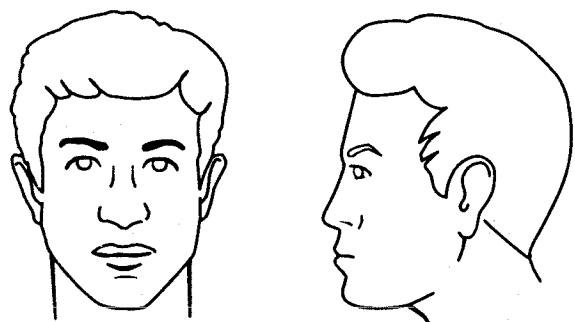


EMERGENCY

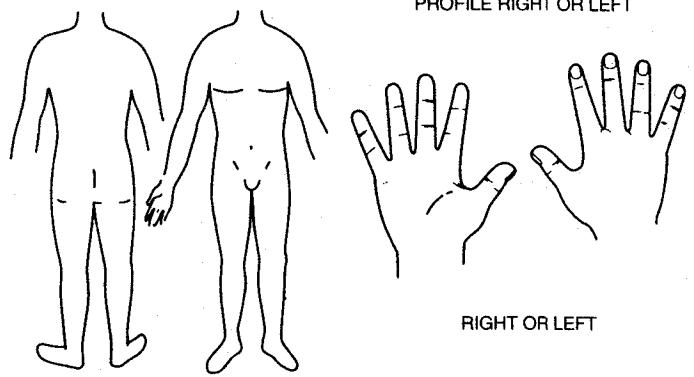
ADMISSION DATE 9/19/04	TIME 2345 AM	ORIGINATING FACILITY BCCF	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
ALLERGIES N/A		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA	

VITAL SIGNS: TEMP 99	ORAL RECTAL	RESP. 16	PULSE 78	B/P 110/80	RECHECK IF SYSTOLIC <100 > 50
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NATURE OF INJURY OR ILLNESS S- "My stomach hurt real bad. I vomited some blood. I don't know what's going on in my stomach. And my head hurts."		ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
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PROFILE RIGHT OR LEFT



RIGHT OR LEFT

PHYSICAL EXAMINATION P- three antacid tabs // sign up for sick call in the A.M.	ORDERS / MEDICATIONS / IV FLUIDS Maalox tabs // po	TIME	BY

DIAGNOSIS

INSTRUCTIONS TO PATIENT Return HCU (a) 7:30 p.m. to see MD

DISCHARGE DATE 9/19/04	TIME 2355 AM	RELEASE TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE	CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL
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NURSE'S SIGNATURE Yvonne Lagan	DATE 9/19/04	PHYSICIAN'S SIGNATURE Pal 7/10/04	DATE	CONSULTATION
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INMATE NAME (LAST, FIRST, MIDDLE) Hampton, Randall	DOC# 286420	DOB 10/15/83	R/S BX	FAC BCCF
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EMERGENCY

ADMISSION DATE 8/30/04.	TIME 8:10 AM PM	ORIGINATING FACILITY BOOF	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT
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ALLERGIES NKDA.	CONDITION ON ADMISSION GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
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VITAL SIGNS: TEMP 98.9	ORAL RECTAL	RESP 20	PULSE 88 B/P 142/70 RECHECK IF SYSTOLIC <100> 50
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NATURE OF INJURY OR ILLNESS <i>S-Routine Body chart</i>	ABRASION //	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
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<i>O-Alert & oriented x 3. D cuts or bruise bruises noted See Diagrams for old scars & Tatooe.</i>	
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<i>A-Routine body chart</i>	
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PHYSICAL EXAMINATION <i>I-Released to Doc</i>	
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<i>I-Released to Doc</i>	
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<i>I-Released to Doc</i>	<img alt="Diagram of a human figure showing various injuries. Labels include 'old scar' on the forehead, 'Tattoo' on the right shoulder, 'old scar' on the right arm, 'Tattoo' on the right chest, 'Tattoo' on the right abdomen, 'Tattoo' on the right thigh, 'T
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RELEASE OF RESPONSIBILITY

Inmate's Name: Randall Hampton

Date of Birth: _____ Social Security No: 226420

Date: 9-4-04 Time: 1410 A.M. P.M.

This is to certify that I, Randall Hampton, currently in
(Print Inmate's Name)

custody at the Bullock, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: To have body cloth + placed in chair
(Specify in Detail)

for observation to be seen by me.

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Randall Hampton

(Signature of Inmate)**

Karen [Signature]

(Signature of Medical Person)

D. McWhorter Jr.

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.